

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title:: INTELLIGENT HEARING AID

Attorney Docket Number:: 680-254

Request for Early

Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Henry

Middle Name::

Family Name:: Luo

Name Suffix::

City of Residence:: Waterloo

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 216 Tatlock Court

City of mailing address:: Waterloo

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: N2L 5Y6

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Horst

Middle Name::

Family Name:: Arndt

Name Suffix::

City of Residence:: Kitchener

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 6 Old Forest Crescent

City of mailing address:: Kitchener

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: N2N 2A3

Correspondence Information

Correspondence Customer

Number:: 001059

Phone Number:: (416) 364-7311; (416) 957-1603
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E-Mail Address:: torsi@bereskinparr.com

Representative Information

| | |
|-----------------------|--------|
| Representative | |
| Customer Number:: | 001059 |

Domestic Priority Information

| | | | |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|-----------------------------|-----------------------------|

Foreign Priority Applications

| | | | |
|------------------|-----------------------------|----------------------|-------------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed |
|------------------|-----------------------------|----------------------|-------------------------|

Assignee Information

Assignee name:: Unitron Hearing Ltd.
Street of mailing address:: 20 Beasley Drive
City of mailing address:: Kitchener
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: N2G 4X1